

SUPPLIER DATA SHEET – SHORT FORM

Full Company Name* _____ Taxpayer I.D. ____ - ____ - ____ or
 Social Security No. ____ - ____ - ____

*If this is a division/subsidiary of another company, identify the Parent Company Name _____

Sales/Contract Office Address

Street Name _____

City _____ State _____ Zip _____

Contact _____ Phone _____ FAX _____

Payment Address (if different from above)

Street Name _____

City _____ State _____ Zip _____

Contact _____ Phone _____ FAX _____

Socioeconomic Info

- ☐ Small
- ☐ Large
- ☐ Woman-Owned Small
- ☐ Small Disadvantaged:
 - ☐ Indian ☐ Other
- ☐ Hub Zone Small
- ☐ Veteran Owned Small
- ☐ Service-Disabled Veteran-Owned Small

Supplier Type

- ☐ Supplier
- ☐ Education/Non-Profit
- ☐ Consultant

Government

- ☐ DOE
- ☐ Government Shipyard
- ☐ Other (Gov't Agency, State, Local Gov't)

Typical Payment Terms

- ☐ Net 30
- ☐ Other (Specify) _____

Typical Shipping Carrier

- ☐ United Parcel Service (UPS)
- ☐ Federal Express
- ☐ Supplier's Truck
- ☐ Other (Specify) _____
- ☐ Not Applicable

Typical Freight Terms

- ☐ Prepaid and Add
- ☐ Prepaid and Allowed
- ☐ Collect
- ☐ Not Applicable

Typical FOB Point

- ☐ Shipping Point
- ☐ Destination
- ☐ Not Applicable

Type of Business

- ☐ Corporation
- ☐ Partnership
- ☐ Individual/Sole Proprietor

Buyer _____ Procurement Manager _____